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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER True Dakotan		2. DATE 9/21/2018
3. FREQUENCY OF ISSUE weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $$36.83; $47.00 out of state
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 358 Wessington Springs, SD 57382		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 358, Wessington Springs, SD 57382		
6. FULL NAME OF PUBLISHER: Kristi Hine		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME: Kristi Hine — COMPLETE MAILING ADDRESS: PO Box 358, Wessington Springs, SD 57382		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. NESDEC 104 Ash St E. Sisseton, SD 57262 — Areawide Business Council PO Box 687 Yankton, SD 57078 — American Bank & Trust PO Box 469 Wessington Springs, SD 57382		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1677	1677
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	360	360
2. Mail Subscription (Paid and or requested)	817	799
3. Paid Electronic Copies	27	27
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1204	1186
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	20	20
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1224	1206
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	453	470
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1677	1677

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Kristi Hine
(Signature)

Publisher
(Title)

State of South Dakota)
§
County of)

SEAL
DELIA ATKINSON
Notary Public
(Seal) SOUTH DAKOTA

Sworn to before me this 21 day of September 18

Delia Atkinson
Notary Public

My commission expires: August 10, 2021

Form: SOS REC 051 9/2016